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March 6, 2006

USPTO  
Refund Branch

Re: Patent Application 10/650,159  
INTER-PROXIMAL DENTAL MATRIX BAND

Included documents demonstrate overpayment for extension of time. The total fee amounted to \$225.00. The initial installment was \$60.00 and was paid by credit card (documents enclosed). A subsequent extension request resulted in an additional \$165.00 (\$225-\$60). Because of time constraints, the latter extension request (02/06/06) was applied for by mail (cancelled check enclosed) and credit card (statement and document enclosed). The combined total represents an over-payment of \$165.00

I am hereby applying for refund of said overpayment in the amount of

**\$165.00**

Please advise me of any action I must pursue regarding this matter.

Sincerely



Dominic A. Viscomi, DDS  
1868 Felicity La.  
Hellertown, PA 18055  
Phone/Fax: 484-851-3212  
dviscomi@rcn.com

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PTO/SB/22 (12-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4635).)</small>		Docket Number (Optional) <b>Viscomi-Viscomi</b>	
Application Number <b>10/651,059</b>		Filed <b>08/23/2003</b>	
For <b>Inter-Proximal dental Matrix band</b>			
Art Unit <b>3732</b>		Examiner <b>John J. Wilson</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>\$60</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input checked="" type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
Signature <b>Dominic A. Viscomi</b>		Date <b>12/21/2005</b>	
Typed or printed name		Telephone Number <b>484-851-3212</b>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>one</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

Adjustment date: 03/22/2006 SDIRETA1 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.  
02/07/2006 TL0111 00000022 10651059  
01 FC:2252 -225.00 OP

PAGE 3/8 \* RCVD AT 3/6/2006 1:03:58 PM [Eastern Standard Time] \* SVR:USPTO-EFXXRF-6/18 \* DNIS:2736500 \* CSID: \* DURATION (mm-ss):04-02

Refund Ref:  
03/22/2006 0030030082

Credit Card Refund Total: \$165.00

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01 FC:2251 60.00 OP

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Page 1 of 1

POSI PRODUCTS, LLC 1400 FELICITY LANE MELLEERTOWN, PA 18066 202-770-0845		1058
DATE: <u>Dec 20, 2005</u>		340-310
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FOR DEPOSIT ONLY	<u>Romana A. Williams</u>	
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Approved for use through 07/31/2008, OMB 0851-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218).)</small>		Docket Number (Optional)	
Application Number <b>10/651,059</b>		Filed <b>02/06/06</b>	
For <b>Inter-Proximal Dental Matrix Band</b>			
Art Unit <b>3732</b>		Examiner <b>John J. Wilson</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
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<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
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<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. \$ 165.00 (\$60.00 previously paid) on 12/20/05			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input checked="" type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
Signature <b>Dominic A. Visconti</b>		Date <b>02/06/2006</b>	
Typed or printed name		Telephone Number <b>484-851-3212</b>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <b>one</b> forms are submitted.			

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1-10-2007  
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**FAX TRANSMITTAL**

**Date: March 6, 2006**

**Page #s including cover: 8**

**To: Mail Stop Refund  
Commissioner for Patents**

**Fax #: (571)-273-6500**

**From: Dominic A. Viscomi  
1868 Felicity La.  
Hellertown, PA 18055**

**Phone/Fax: (484)-851-3212**

**Comments: Patent Application 10/651/059  
RE: OVERPAYMENT**